

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL ALASKANS FOR DON YOUNG INC.																																
ADDRESS (number and street) 2504 FAIRBANKS STREET																																
CITY, STATE, and ZIP CODE ANCHORAGE AK 99503																																
2. NAME OF CANDIDATE Young E Donald		3. OFFICE SOUGHT (State and District)																														
4. FEC IDENTIFICATION NUMBER C00012229																																
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">A. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2">Brady P. Pamela 2100 Atwood Dr. Anchorage AK</td> <td>N/A</td> <td rowspan="2">08/16/2012</td> <td rowspan="2">2500.00</td> </tr> <tr> <td>Transaction ID : WFT20127161154-1 Occupation Retired</td> </tr> <tr> <td rowspan="2">B. FULL NAME, MAILING ADDRESS AND ZIP CODE Rasmuson Ed PO Box 196127 Anchorage AK 99519</td> <td>N/A</td> <td rowspan="2">08/16/2012</td> <td rowspan="2">1000.00</td> </tr> <tr> <td>Transaction ID : WFT20127161155-1 Occupation Retired</td> </tr> <tr> <td rowspan="2">C. FULL NAME, MAILING ADDRESS AND ZIP CODE American Optometric Assn. PAC 1505 Prince St., Ste. 300 Alexandria VA 22314</td> <td>N/A</td> <td rowspan="2">08/16/2012</td> <td rowspan="2">2000.00</td> </tr> <tr> <td>Transaction ID : WFT20127161156-1 Occupation</td> </tr> <tr> <td rowspan="2">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td>Occupation</td> </tr> <tr> <td rowspan="2">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td>Occupation</td> </tr> </table>				A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Brady P. Pamela 2100 Atwood Dr. Anchorage AK	N/A	08/16/2012	2500.00	Transaction ID : WFT20127161154-1 Occupation Retired	B. FULL NAME, MAILING ADDRESS AND ZIP CODE Rasmuson Ed PO Box 196127 Anchorage AK 99519	N/A	08/16/2012	1000.00	Transaction ID : WFT20127161155-1 Occupation Retired	C. FULL NAME, MAILING ADDRESS AND ZIP CODE American Optometric Assn. PAC 1505 Prince St., Ste. 300 Alexandria VA 22314	N/A	08/16/2012	2000.00	Transaction ID : WFT20127161156-1 Occupation	D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation	E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation
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SIGNATURE (optional) Bohnert J Robert <div style="text-align: right;">[Electronically Filed]</div>		DATE 08/16/2012																														
For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																																

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FEC FORM 6

(Revised 07/2011)